

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

WOUND HEALING WITH FEEDBACK CONTROL

Application Number :

Date :

First Named Applicant: Jerrold S. PETROFSKY

Attorney Docket Number: 13999-2

TOTAL FEE AUTHORIZED \$ 651

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	375	375
Subtotal For Basic Filing Fees: \$ 375			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 32	12	2202	9	108
Independent Claims : 7	4	2201	42	168
Subtotal For Extra Claims Fees: \$ 276				

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 192090
Deposit name: Sheldon and Mak
Deposit authorized name: Robert J. Rose
Signature: /robertjrose/
Date (YYYYMMDD): 2003-09-10

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.